

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-010036**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **328**

Primary Registration District No. **4485**

Registrar's No. **2**

STATE FILE NUMBER

**FILED MAR 5 1963**

VS 300  
Rev. 4/59

1 1000

2 1000

3

4 1

5 2

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7 0

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9 199.2

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Scott City</b>		c. CITY OR TOWN <b>Scott City</b>	
Length of stay in 1b <b>45 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>at home</b>		d. STREET ADDRESS (If outside, give location) <b>at home</b>	
3. NAME OF DECEASED (Type or print) <b>LUKA DEWEY JONES</b>		4. DATE OF DEATH Month <b>Feb</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 5, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Edwards, Mo.</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James P. Weaver</b>		13b. MOTHER'S MAIDEN NAME <b>Rosetta Harris</b>	
14. NAME OF HUSBAND OR WIFE <b>Walter Jones (Deid)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[Redacted]</b>		17. INFORMANT <b>Leland Weaver</b> Address <b>Illmo. Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Illmo. Missouri</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>2-15-63</b> to <b>2-23-63</b> and last saw her alive on <b>2-23-63</b> Death occurred at <b>5:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert G. Lappoon M.D.</b>		22b. ADDRESS <b>Illmo. Missouri</b>	
22c. DATE SIGNED <b>2-25-63</b>		22d. SIGNATURE <b>Mustel Biepling</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/25/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lightner Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Illmo. Missouri</b>
24. FUNERAL DIRECTOR <b>BISPLINGHOFF FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>2-2-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mustel Biepling</b>		27. ADDRESS <b>Illmo. Missouri</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 20 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Oliver C. Smith*

Licensed Embalmer No.

4470

P. O. Address

*Oliver C. Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.